

## GET PAYROLL DEDUCTION ESTABLISHMENT FORM

Date: \_\_\_\_\_

Please complete this form and return it to the GET Program.

Employer	
TIN (Taxpayer ID Number)	
Address	
Contact Person	
Title	
Phone	
Fax	
Email Address	
Payroll Frequency	<input type="checkbox"/> 1x month <input type="checkbox"/> 2x month <input type="checkbox"/> biweekly (26 per year) <input type="checkbox"/> other _____

COMMENTS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Send to:** Payroll Deduction, Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

**Questions:** [Jackief@hecb.wa.gov](mailto:Jackief@hecb.wa.gov) or 1-800-955-2318